

Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

Application # \_\_\_\_

Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

**Application for Residential Building and Trades Permit** 

Homes 8461 Site Address: Lot 2 Subdivision: Total Job Cost 350,000 Description of Proposed Work: **General Contractor Information** tomes **Building Contractor's Company Name** Telephone gnail, com 13429 twomorehomes **Email Address** Address \$6895 HEATED SQ FT 610 GARAGE SQ FT 506 License # Electrical Contractor Information \_\_Amps \_T-Pole: \(\frac{\chi}{2}\) Yes \_\_No | 919 - 337 - 7633 Description of Work Telephone Electrical Contractor's Company Name Ogilvie electric 1994 @ amail. con Email Address Address License # Mechanical/HVAC Contractor Information tomily JW UHra Heating of Telephone Mechanical Contractor's Company Name

3650 Sarch iltroar. wo immy Email Address Address 18981 License # Plumbing Contractor Information Single family / Aumbro # Baths\_C Description of Work -0990 919-90 Aunting Telephone Plumbing Contractor's Company Name titans pluntary . **Email Address** Address

34700 License #

Insulation Contractor Information

Liveages TVC
Insulation Contractor's Company Name & Address

Telephone

\*NOTE: General Contractor / owner must fill out and sign the second page of this application.

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I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and that by signing below I have obtained all subcontractors permission to obtain these permits and if any changes occur including listed contractors, site plan, number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes.

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee

Signature of Owner/Contractor/Officer(s) of Corporation

Q / 30 / Q 4

Date

Affidavit for Marker's Communication N.C.O. 07.44
Affidavit for Worker's Compensation N.C.G.S. 87-14
The undersigned applicant being the:
General Contractor Owner Officer/Agent of the Contractor or Owner
General Contractor — Owner — Officer/Agent of the Contractor or Owner
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:
Has three (3) or more employees and has obtained workers' compensation insurance to cover them.
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.
Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.
Has no more than two (2) employees and no subcontractors.
While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.
Sign w/Title: Date: 1/30/24

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